

STATE OF WASHINGTON

DEPARTMENT OF FINANCIAL INSTITUTIONS

DIVISION OF CONSUMER SERVICES

P.O. Box 41200 ◆ Olympia, Washington 98504-1200

Telephone (360) 902-8703 ◆ TDD (360) 664-8126 ◆ FAX (360) 664-2258 ◆ http://www.dfi.wa.gov

MORTGAGE BROKER BRANCH OFFICE CLOSURE / SURRENDER

FORM MU3 UNIFORM MORTGAGE BRANCH OFFICE FORM JURISDICTION-SPECIFIC REQUIREMENTS FOR WASHINGTON STATE

Check the "Surrender" box on the *form MU3* and complete only items 2, 7 and the execution block to notify WA Department of Financial Institutions (DFI) of your decision to cease operations in WA under the existing Mortgage Broker branch office license. Along with the *form MU3*, send the following to DFI. Documents and forms referenced by *italics* below are available from our website at http://www.dfi.wa.gov/cs/mortgage.htm for your convenience.

- 1. FEE Make your check payable to the "Washington State Treasurer." Clip it (no staples) to the top of the application package. \$530.86 per location is the Annual Assessment fee. Closures: Annual Assessment fee must be brought current
- 2. TRUST ACCOUNTING If your branch office maintained a separate trust account, any remaining borrower funds remaining in that trust account should be submitted to the WA Dept of Revenue, Unclaimed Property Division online http://www.dor.wa.gov or phone (360)705-6706.
- 3. SURRENDER ORIGINAL LICENSE Send the old original branch license to DFI.
- 4. STILL NEED HELP? Contact DFI's Division of Consumer Services licensing staff by phone at 360-902-8756 or send your questions via e-mail to DCS@dfi.wa.gov for additional assistance.
- 5. DELIVERY Keep copies of everything, and send original Form MU3 and all attachments to:

Via US Postal ServiceDept of Financial Institutions
Division of Consumer Services

PO Box 41200

Olympia WA 98504-1200

Via other couriers (eg: FedEx, UPS, etc)

Dept of Financial Institutions Division of Consumer Services

150 Israel Rd SW Tumwater WA 98501

FORM MU3		UNIFO	MORTGAGE BROKER							
	(Branch)	Applicant full legal i		MORTGAGE LENDER						
		Date of Filing:			e Date:		MORTGAGE SERVICER			
WA	books and r	eep this form current records or otherwise t	and to file accurate o comply with the	supple	<u> </u>	nduct of bu				
1.	NEW BRANCH AF	EW BRANCH APPLICATION SURRENDER			AMENDMENT Complete only the item(s) being amended.					
2.		Physical address (Number and Street)			NEW Physical address (N		·			
3.	Physical City, State	ate/Country, Zip+4/Postal Code			NEW Physical City, State/	ty, State/Country, Zip+4/Postal Code				
<i>J</i> .	Mailing address or P.O. Box (if applicable)				NEW Mailing address or P	O. Box (if a	pplicable)			
	Mailing address City, State/Country, Zip+4/Postal Code				NEW Mailing address City	try, Zip+4/Postal Code				
4.	Business (Area Cod	de) and Telephone Num	ber	4a.	NEW Business (Area Cod	e) and Telep	phone Number			
	Fax (Area Code) an	nd Number			NEW Fax (Area Code) and	d Number				
	Branch website			F.0	NEW Branch website					
5.				5a.	-					
6.	Trade name or "dba	a" used at this branch		6a.	NEW Trade name or "dba" u	sed at this bra	nch			
0.	Branch Manager Name				NEW Branch Manager Na	EW Branch Manager Name				
	Supervisor Name				NEW Supervisor Name		_			
forr cor and	<mark>n on behalf of, and wit</mark> Itained herein, includin	th the authority of, saing exhibits attached his resigned and applicant courate and complete Date (MM/DE Subscribed)	d <i>applicant</i> . The u ereto, and other in further represent	ndersig formatic that to th gnature of	ne extent any information pre	that the info are made a viously sub	ormation and statements a part hereof, are current, true			
		Notary Public	Signature			Notary Appoi	ntment Expires (MM/DD/YYYY)			
	This execution must al			anual si	gnature and notarization. Affix					

	for specific r	ecords re	etention requir	ements.							
	Organization Na	Name (if different from applicant) or Record			s Custodian Name Area Code		de Tele	Telephone Number			
	Number and St	I Chrost			City		State Cou	Country Zip+4/Postal		odo	
8	Number and Street Enter appropriate number in the box(es) for e					City State each jurisdiction by location:			Zip+4/Postal Co	oue	
	Enter "1" if applicant is newly applying in that <i>jurisdiction</i> as a mortgage branch office. Enter "2" if applicant has a pending application in that <i>jurisdiction</i> as a mortgage branch office.										
Enter "3" if applicant is already licensed/registered in that jurisdiction as a mortgage branch office.											
Alabama Georgia			Maryland New		lew Mexico		South Dakota				
Alaska			Guam		Massachusetts	١	New York		Tennessee		
Arizona			Hawaii		Michigan		North Carolina		Texas – OCCC		
Arkansas			Idaho		Minnesota	N	North Dakota		Texas – SML		
California – DOC			Illinois		Mississippi	C	Ohio		Utah		
California – DRE			Indiana		Missouri		Oklahoma		Vermont		
Colorado			Iowa		Montana		Oregon		Virginia		
	ecticut		Kansas		Nebraska		Pennsylvania		Washington		
Delaware			Kentucky		Nevada		Puerto Rico		West Virginia		
	District of Columbia Louisiana			New Hampshire		Rhode Island		Wisconsin			
Florid			duala at t	, , ,				Wyoming	YES	NO	
9. Will this branch office and/or individuals at this branch office operate pursuant to a wr the applicant's main office? If "yes" provide a copy(ies) of the agreement(s)/contract(eement or o	contract with			
10.				or decisions relating to individuals originating or soliciting mortgage loans:				ge loans:	YES	NO	
	(a) with respect to employment?(b) with respect to compensation?										
11.	Does any <i>per</i>	pes any <i>person</i> , other than the <i>applicant</i> , have responsibility, directly or indirectly, for paying the expenses of this							es of this	YES	NO
	branch office or otherwise have a financial interest in this branch office or its activities?										
		(a) If yes, provide an explanation of the expense payment and/or financial interest arrangement:									
			informat	ation for each <i>person</i> responsible for the							
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle			dle	Address, City, ST, Zip				or Employer ID		Separately Licensed?	
Name)									YES	NO	